

## BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER		7 121595
EXAMINER	300	1-6-95
TYPIST	850	1/6/95
VERIFIER	990 314	1/11/95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
1 (1) ✓	1-8-95
2 =	7-22-95
3 =	8-13-95
4 =	
5 =	
6 =	
7 =	
8 =	
9 =	
10 =	
11 =	
12 ✓	
13 ✓	
14 ✓	
15 ✓	
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17 ✓	
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19 ✓	
20 ✓	
21 (2) ✓	
22 =	
23 =	
24 =	
25 ✓	
26 =	
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49 =	
50 =	

SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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